

PHYSICIAN'S LETTER REGARDING  
INDEPENDENT LIVING

Court Administrator  
Probate Division

Re: The Conservatorship of \_\_\_\_\_  
Court File No: \_\_\_\_\_

Dear Sir or Madam:

I, \_\_\_\_\_, the undersigned physician, state that I am the  
attending physician of the above-named conservatee; that I have been the protected person's  
physician since \_\_\_\_\_, and that I examined the above-named protected person on  
\_\_\_\_\_.

I believe that \_\_\_\_\_ is no longer able to live independently due to  
her/his diagnosis of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and as evidenced by the following behavior:  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attending Physician

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_